CENTEN. BUI CENTE:

PTO/SB/22 (12-04)

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| PETITIO   | N FOR EXTENSION OF TIME UNDE  | Docket Number (Optional)              |                               |                              |
|---|---|---------------------------------------|-------------------------------|------------------------------|
| FY 2006 [Food purevent to the Consolidated Appropriations Act, 2005 (H.R. 4818).]   |   |                                       | US010472                      |                              |
| Application Number 09/968,408   |   |                                       | Filed 09/28/2001              |                              |
| For SYSTEM AND METHOD OF FACE RECOGNITION USING PROPORTIONS OF LEARNED MODEL  |   |                                       |                               |                              |
| Art Unit  | 2623  | Examiner Tianjie Chen                 |                               |                              |
| application   |   |                                       | d for filing a reply in the   | sbove identified             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |                                       |                               |                              |
| 177   | 3 0   | <u>Fee</u>                            | Small Entity Fee              |                              |
| X   |   | \$120                                 | \$60                          | \$ 120                       |
|   | Two months (37 CFR 1.17(a)(2))  | \$450                                 | \$225                         | \$                           |
|   | Three months (37 CFR 1.17(a)(3))  | \$1020                                | \$510                         | \$                           |
|   | Four months (37 CFR 1.17(a)(4))   | \$1590                                | \$795                         | s                            |
|   | Five months (37 CFR 1.17(e)(5))   | \$2160                                | \$1080                        | \$                           |
| Applicant claims small entity status. See 37 CFR 1.27.  |   |                                       | 03/17/2005 EKOLI1             | 00000008 09966408            |
| A che   | ck in the amount of the fee is enclose  | ed.                                   |                               |                              |
| Payment by credit card. Form PTO-2038 is attached.  |   |                                       | 01 FC:1251                    | 120.00                       |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                                       |                               |                              |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number I have enclosed a duplicate copy of this sheet   |   |                                       |                               |                              |
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| applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).   |   |                                       |                               |                              |
| attorney or agent of record. Registration Number  |   |                                       |                               |                              |
|   | attorney or agent under 37 C<br>Registration number if acting und             | FR 1.34.<br>der 37 CFR 1.34 34,374    |                               |                              |
| James J. Ken M.   |   |                                       | March 16, 2005                |                              |
| Signature Date  |   |                                       |                               |                              |
| James D. Leimbach Typed or printed name   |   |                                       | (585) 381-9983                |                              |
| •   |   |                                       | Talephone Number              |                              |
| ignature is req   | res of all the inventors or assignees of record of the e<br>ulred, see below. | inthre interest or their representati | ve(s) are required. Submit mu | tiple forms If more than one |
| Total   | of forms at   | re submitted.                         |                               | [                            |

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